



SAMHSA-HRSA CENTER for INTEGRATED HEALTH SOLUTIONS

Implementing Substance Abuse Services in Health Center Settings: Challenges and Opportunities

June 28, 2017



SAMHSA-HRSA CENTER for INTEGRATED HEALTH SOLUTIONS

Moderators:

Aaron Williams, Senior Director,
Training and Technical Assistance for Substance Use , CIHS







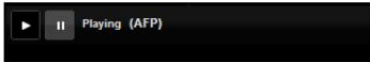

Roara Michael, Associate, CIHS



Before We Begin

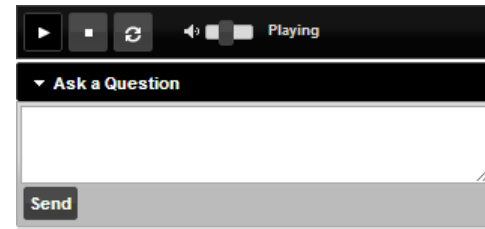
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Slide Display Test	 Passed	Your system is ready to go!
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Before We Begin

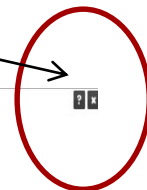
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Learning Objectives

- Understand appropriate workflows for substance abuse screening and brief intervention
 - Developing workflow protocols for SBIRT and MAT
- Increase knowledge of staffing considerations for substance abuse /MAT service provision
 - Staff recruitment and retention
 - Staff training for MAT (including DATA Waiver Training)
- Develop protocols and procedures for referrals to substance abuse services
 - Developing and formalizing partnerships/referrals for patient recruitment
- Examine substance abuse data collection and EHR utilization
 - Electronic Health Records (EHR) enhancements
 - Medication reconciliation
 - Pharmacy dispensing

Today's Speakers

Les Sperling

CEO, Central Kansas Foundation



Tim Comeaux, LICSW, LADC1

Clinic Manager, Family Healthcare Center
of Stanley Street Treatment and
Resources (SSTAR)



Welcome from HRSA



Sue Lin, PhD, MS, Division Director
Bureau of Primary Health Care, Health Resources and
Services Administration

Poll Question 1

What are your the top challenges your health center faces when implementing substance abuse/MAT services? (Select all that apply)

- Staff recruitment and retention
- Staff training for MAT (including DATA Waiver Training)
- Billing
- Developing workflow protocols for SBIRT and MAT; Electronic Health Records (EHR) enhancements
- Developing and formalizing partnerships/referrals for patient recruitment, MAT, pharmacy dispensing or in-patient treatment
- Patient non-compliance and retention
- Patient-Centered Care and Support (e.g., patient education and enabling resources)
- Addressing Stigma (e.g., need for Motivational Interviewing)
- Adherence to CDC Prescribing Guideline



SAMHSA-HRSA CENTER for INTEGRATED HEALTH SOLUTIONS

Implementing Substance Abuse Services in Health Center Settings: Challenges and Opportunities

Les Sperling, CEO, Central Kansas Foundation

CKF SERVICES OFFERED

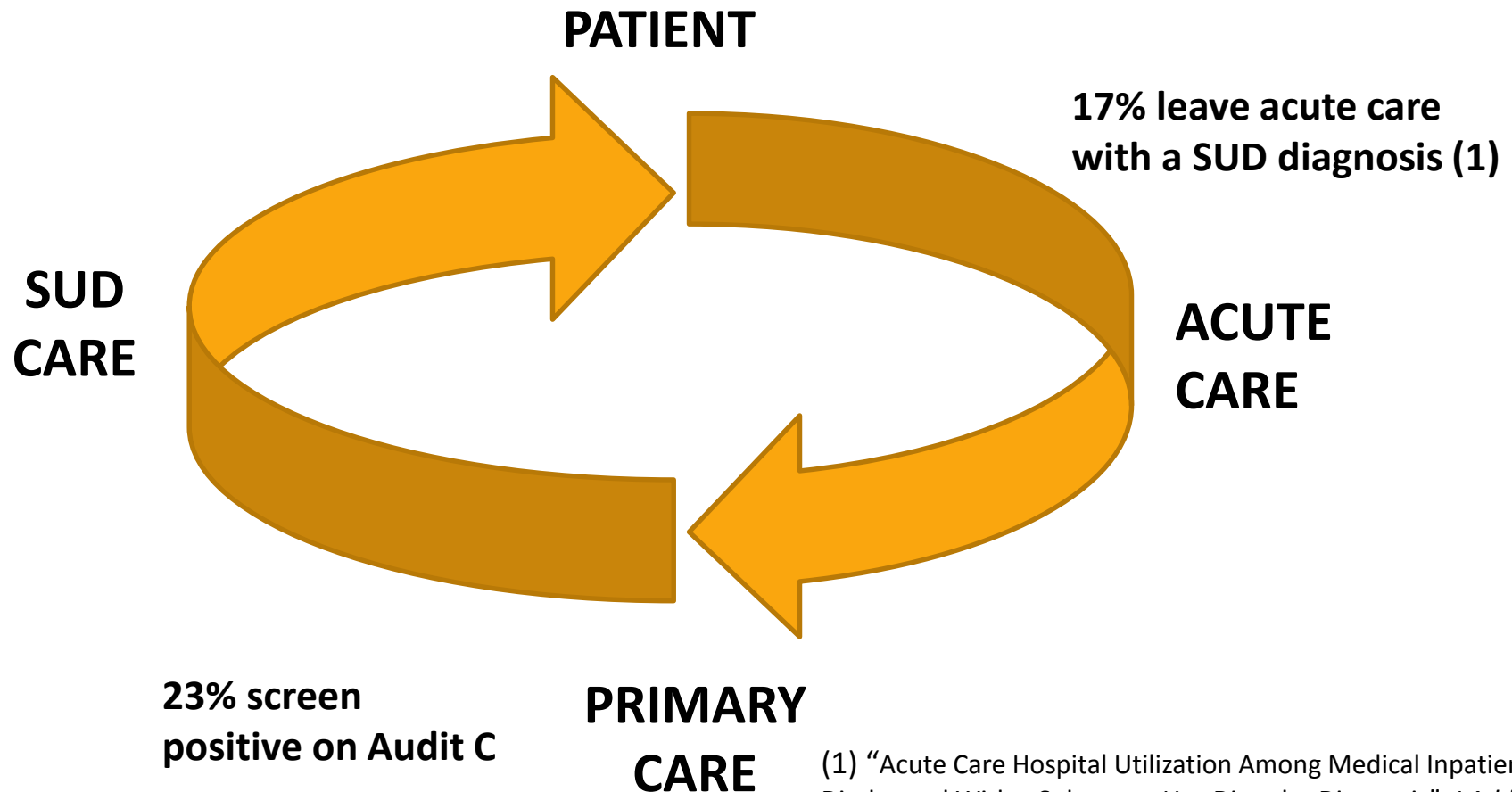
CKF is a not-for-profit corporation whose mission, since its inception in 1967, has been to provide both quality and affordable alcohol and other drug education and treatment services.

- Outpatient Treatment
- Residential Treatment
- Detoxification/Withdrawal Management, Including Opiates
- Medication-Assisted Treatment
- Co-Occurring Treatment
- Peers-Recovery Oriented Systems of Care
- Prevention
- Tobacco Cessation

OUR THREE GUIDING PRINCIPLES FOR INTEGRATION

- 1) SUD providers possess expertise that is incredibly valuable to medical professionals.
- 2) When this expertise is available in acute and primary medical care settings, patient health improves and costs associated with chronic illness are reduced.
- 3) SUD services have a significant impact on health care costs and SUD work will be compensated adequately.

Patient Pathways



(1) "Acute Care Hospital Utilization Among Medical Inpatients Discharged With a Substance Use Disorder Diagnosis", *J Addict Med* . Volume 6, Number 1, March 2012

**SUD
Providers**

CKF
Community Based
65 Employees
5 locations
Outpatient, Detox,
Medication Assisted
Withdrawal, Residential
Treatment &
Prevention/Education

**Salina Regional Health
Center**

300 Bed Acute Care
Regional Health Center
Level III Trauma Center
27,000 ED
presentations/year
Alcohol/Drug DRG was
2nd most frequent re-
admission

Stormont-Vail Health Center

586 Bed Acute Care Hospital
Level II Trauma Center
65,000 ED presentations /year

Salina Family Healthcare

10,000 unique patients
13 Family Medicine
Residents
10 dental chairs

Important Questions For Health Center Integration

- 1) Do you have a thorough understanding of the operational and cultural challenges that each group you are seeking integration with faces on a daily basis?
 - Are you bringing a boutonniere or a centerpiece to the table?
 - Is your elevator speech acronym free?

Important Questions For Health Center Integration

- 2) Does your agency view SBIRT as a stand alone service or an integral part of the medical and SUD continuum of care?
- 3) Do you have referral relationships in place to ensure warm hand-offs and same day engagement?
- 4) Have you completed an integration pro forma or business plan?
- 5) Have you assessed your tolerance for financial risk and entrepreneurial potential?
- 6) If you offer SUD services, would you be willing to place staff in a medical setting without financial support in exchange for revenue generated by referrals?

Key Health Center Agreement Components

Address specific obligations related to:

- Facilities, Personnel, and Services Provided
- Scheduling and Referral Process
- Integration of Staff
- Financial, Salary Support
- Billing and Fees
- Medical Records, Documentation
- Credentialing
- Abusive Staff Behavior***

Key Health Center Staff Characteristics and Skills

- Key recruiting sources are nursing schools and universities
- Professional appearance and disposition
- Team Player
- Quick Learner
- Conflict Resolution Skills
- Familiarity with BH delivery system and community resources
- Effective written and verbal communication skills

Key Health Center Staff Characteristics and Skills

- Flexible
- Resourceful
- Trauma informed
- Crises Management
- Ability to function in medical emergency
- Prefer completed MI and BNI training
- Sound approach to addiction care

Key Components of Health Center/SUD Staff Training

- Motivational Interviewing
- Brief Negotiated Interview
- S.B.I.R.T. (helpful to have a Trainer of Trainers on staff)
- Role playing
- Specific Referral Network Protocols and Procedures
- Trauma informed care

Key Health Center/Provider Network Traits

- Offers same day appointments
- Offers same day admissions
- Supports Medication Assisted Treatment
- Willing to participate in outcome data collection and analysis
- Participates in true warm hand offs
- Willing to travel to clinic and hospital to begin patient engagement
- Prefer 24/7 on call telephone or website capacity
- Willing to provide per procedure cost data
- Willing to complete required credentialing processes
- Willing to execute formal MOU or contract

Health Center Workflow Mapping

- Specific and thorough
- Include referral and outcome data collection in mapping
- Resolve EMR and documentation issues
- Include patient/client in process: “Hassle Mapping”- Adrian Slywotzky
- BH provider leads the process and does administrative work
- Address all internal and external constraints of partners

Contact Information

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Poll Question 2

How does your health center provide substance abuse services?

- Through a partnership with a specialty substance abuse treatment facility
- Through the use of in-house substance abuse staff

Does your health center currently provide medication assisted treatment services?

- Yes
- No



SAMHSA-HRSA CENTER for INTEGRATED HEALTH SOLUTIONS

***Integrated Substance Abuse Treatment:
Buprenorphine in a Federally Qualified
Health Center***



Tim Comeaux, LICSW, LADC1

Health Center Director

The Family Health Care Center at SSTAR (Stanley Street Treatment and Resources)
Fall River, Massachusetts

Introduction

- Overview of The Family Health Care Center at SSTAR (a 330 sub-recipient of Health First Family Care Center)
- Overview of SSTAR's Office-Based Buprenorphine Treatment Program
- Description of protocols
- Treatment outcomes
- Recruiting and retention strategies
- Staffing considerations, use of SASE funding
- Utilization of Electronic Health Record

Overview of Family Health Care Center at SSTAR

- Established as leadership realized our patients were not receiving adequate primary medical care for:
 - Diseases related to substance use
 - Mental health issues
 - HIV/AIDS
- Opened primary site in 1996; second site in March 2012
- Currently classified as a 330 Federally Qualified Health Center (FQHC), sub-recipient of Health First Family Care Center

Family Health Care Center at SSTAR

- Staffing
 - 2 Family practice physicians
 - 3.75 Family nurse practitioners
 - 1 Adult nurse practitioner
 - 2 Psychiatric nurse practitioners
 - 0.2 FTE ID MDs
 - 0.6 FTE Pediatrician
 - 0.2 FTE Psychiatrist
- 118 total employees
- Provides chronic illness case management for diabetes, substance use disorder, hypertension, asthma, chronic pain, HIV, and HCV

The Family Health Care Center at SSTAR Statistics

	2015	2016
Number of unduplicated clients	5,913	6,306
Medical visits	16,544	20,965
Mental health visits	4,272	3,262
Unduplicated mental health clients	1,133	780
Substance abuse visits	17,598	18,793
Case management visits	7,947	5,853
Total clinic visits	48,493	50,416

Primary Diagnosis: Patients' Presenting Problems

	2015	2016
Alcohol disorder	3%	4%
Substance abuse disorder	19%	24%
Depressive disorder	16%	20%
Anxiety disorder and PTSD	16%	22%
Other mental disorders	4%	4%

Why Buprenorphine ?

How the decision was made

Agency philosophy

- Utilize evidence-based treatments

Community need

- High incidence of opiate addiction

Limited treatment access

- Inpatient detoxification and methadone maintenance only options

Our desire to expand treatment capacity

- Working people were unable to commit to inpatient admissions

Coverage available

- Buprenorphine was paid for by Massachusetts Medicaid

First induction: September 2004

SSTAR's Health Care Center Model

- **Patient Centered Medical Home Model**
- Allows substance abuse treatment with increased **privacy and confidentiality**
- Allows **better medical care** for substance abuse-related diseases
- Safe and convenient in-home use allows more **normal routines and higher quality of life**
- Integrated treatment **decreases** stigma
- Care team funded by SASE grant provides the patient with **well coordinated care**

SSTAR's Health Care Center Model

- SASE Funding has allowed us to enhance services, hire additional staff, add services at our satellite site, and increase our capacity to serve more patients
- Family Health Care Center at SSTAR requires that **every physician hired** obtain or currently possess a DEA waiver to dispense buprenorphine
- Family Health Care Center at SSTAR has also hired:
 - 4.5 FTE RNs
 - 2 FTE Administrative Assistants
 - 3 FTE Medical Assistants
 - 1 FTE LICSW
 - 2 FTE CADC (Certified Alcohol and Drug Counselor)
 - 1 FTE CHW (Community Health Worker)

Recruiting and Retention Strategies

- National Health Service Corps (HPSA Score of 15 for primary care and 19 for mental health) and other loan repayment opportunities
- Unique partnership with Health First Family Care Center (we are 330 sub-recipient, patients of both FQHCs can access each other's services)
- Infectious Disease partnership with Miriam Hospital in Providence (we subcontract one ID provider from them, they subcontract one from us)
- Strong interdisciplinary team and interdepartmental collaboration across the agency (FQHC, Outpatient Behavioral Health, Inpatient Substance Abuse Services)
- Regular access to trainings, conferences, and regional meetings to maintain network of colleagues

Family Health Care Center at SSTAR's Health Care Center Model

- Suboxone patients **must also receive their primary health care at SSTAR**
- 68% are self-referrals, 25% from substance use treatment facilities (10% statewide)
- Patients are pre-screened by phone
- PCP referral required before enrollment
- Nursing intake required before induction
- Induction date and time arranged with patient (exception- patient on street suboxone)
- Unified Diagnostic Services (UDS) must be clear of non-prescription substances on day of induction (exception: THC, opiates- but patient must be in withdrawal)

Family Health Care Center at SSTAR's Health Care Center Model

- **Induction day 1:**
 - 2-4 hours at facility
 - Medication obtained from local pharmacy
 - Induction performed by RNs following preapproved protocol
 - All patients seen by physician prior to leaving facility
 - Maximum dose 12 mg, may be given 4 mgs PRN for later (general rule, but case by case depending on patient presentation)
- **Induction day 2:**
 - Patient instructed to medicate with Day 1 dose upon awakening
 - Patient asked to call RN within 2 hours for phone assessment
 - RN, in consultation with MD, will provide script for one week
- Patient seen weekly by buprenorphine provider or nurse for 12 weeks, with a UDS and pill count at **each** visit

Family Health Care Center at SSTAR's Health Care Center Model

- Client attends weekly relapse prevention group for 12 weeks and then if **abstinent and adherent- then biweekly for one month and** may begin monthly group and clinical visits after that
- Once long-term sobriety established, may be given refills and seen by MD every two months
- Individual counseling is offered and available to all patients.

Family Health Care Center at SSTAR's Health Care Center Model

- Diversion = Immediate discharge
- Illicit use:
 - Random UDS and pill counts
 - Weekly visits
 - Increased SA treatment (1:1, IOP or detox)
 - Eventual taper or referral to methadone
- Former clients can reapply **at any time**

Notable Features of Family Health Care Center at SSTAR's Model

- Collaborative care model

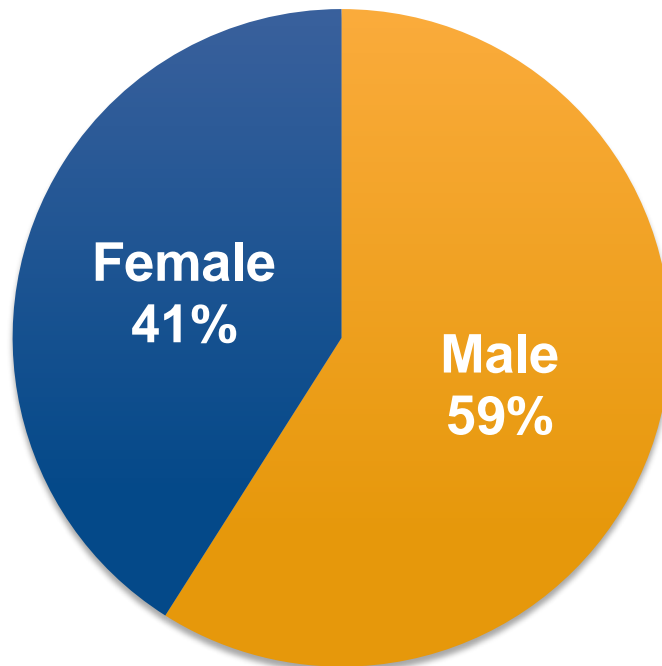
Alford DP, LaBelle CT, Kretsch N, et al. Collaborative Care of Opioid-Addicted Patients in Primary Care using Buprenorphine. Arch Intern Med, Mar 2011; 171(3):425-437.

- **On-site induction, not in-home induction**
- Significant physician involvement
- Regular multi-disciplinary team meetings
- Psychosocial treatment done within Family Health Care Center at SSTAR system
- **Harm reduction philosophy**
 - Goal is to keep patients in treatment

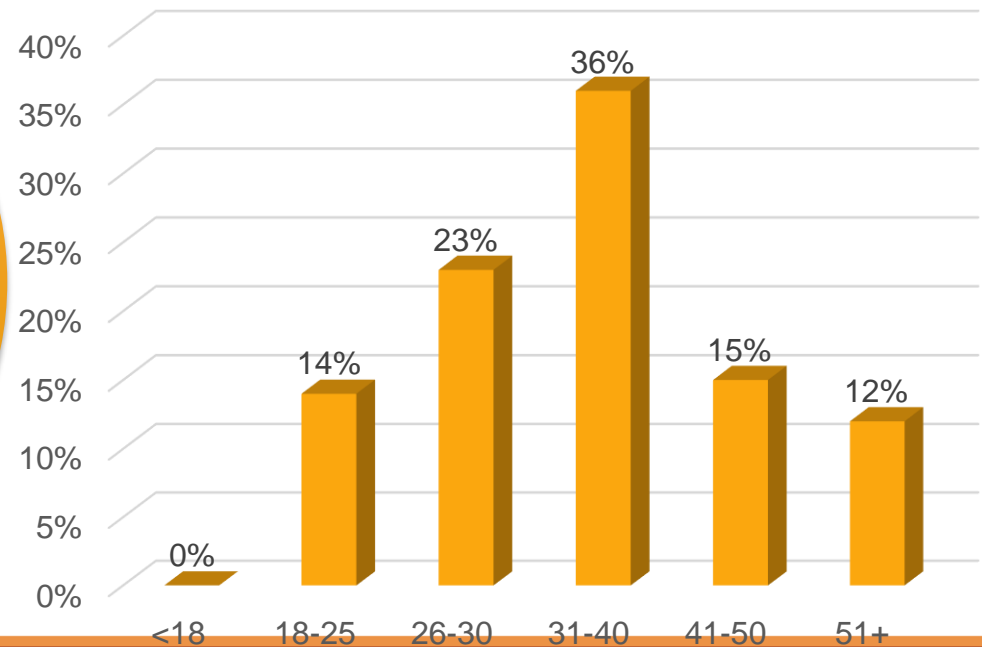
Whom Do We Treat?

Massachusetts Department of Public Health: Bureau of Substance Abuse Services and HIV/AIDS Bureau. OBOT Admission/Enrollment Profile. July 1, 2015 - June 30, 2016:

Gender



Age



Whom Do We Treat?

67% Medicaid, 12% Medicare

52% Employed full- or part-time

48% Unemployed

76% Heroin users

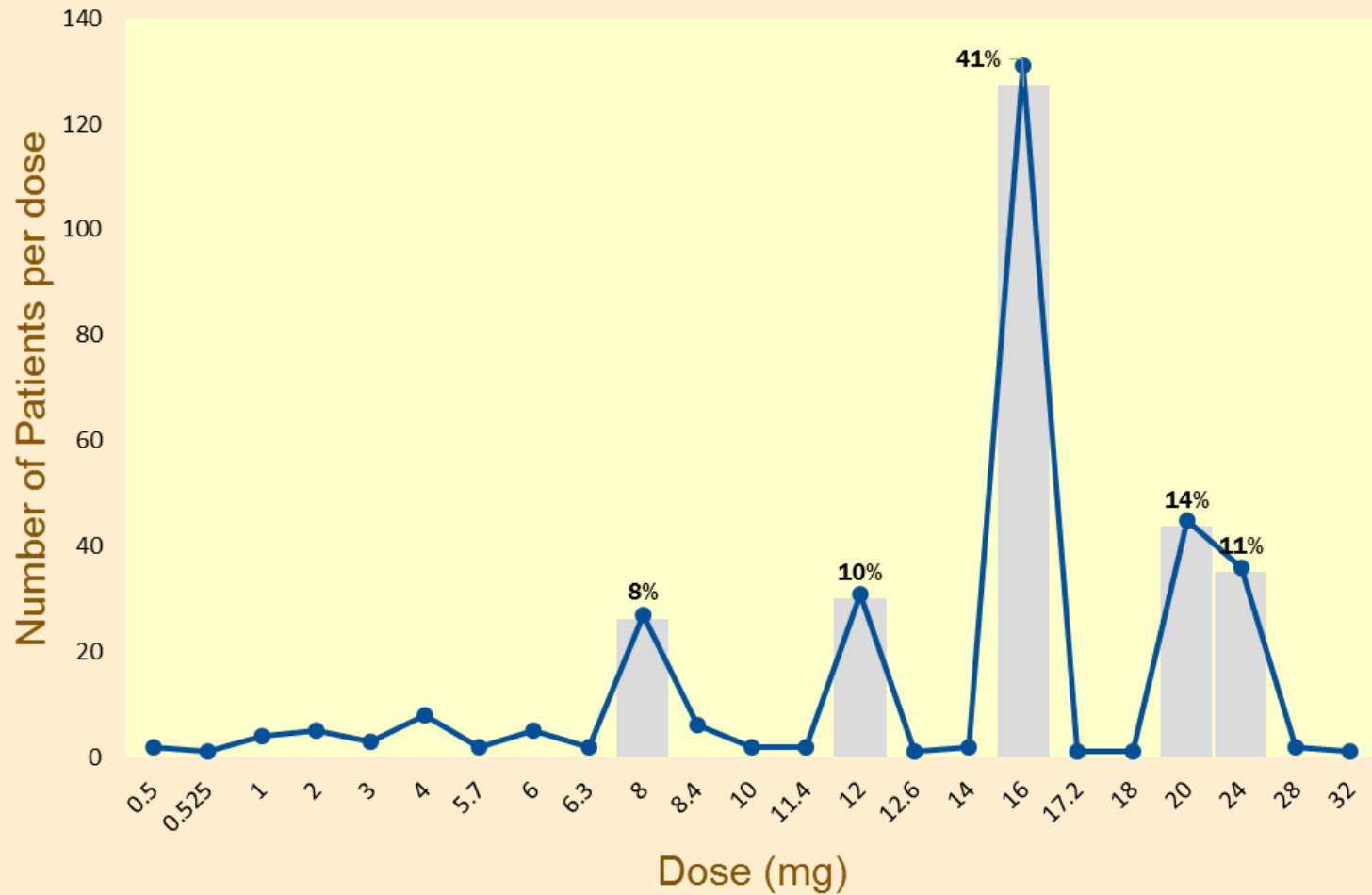
16% Other opiates

57% IV use in last 12 months

Massachusetts Department of Public Health: Bureau of Substance Abuse Services and HIV/AIDS Bureau.

OBOT Admission/Enrollment Profile. July 1, 2015 through June 30, 2016:

320 Patients receiving outpatient Suboxone, by dose



How Are We Doing?

Admission Statistics

- 2016: 124 Buprenorphine, 94 Vivitrol
- 2015: 42 Buprenorphine, 119 Vivitrol
- 2014: 93 Buprenorphine, 57 Vivitrol

- Current Active Caseload:
- 325 Buprenorphine
- 79 Vivitrol

Substance Abuse Service Expansion Funding

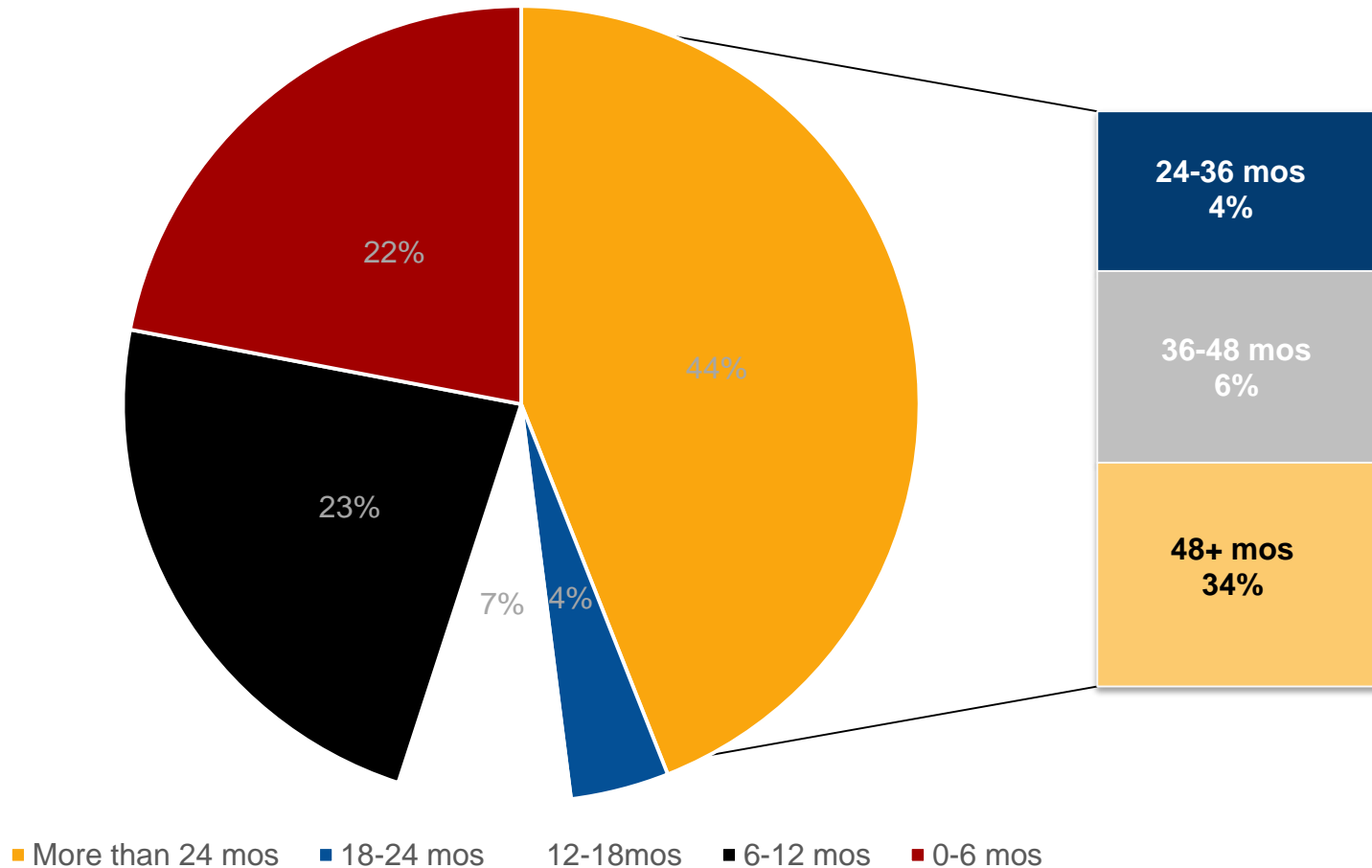
- Allows Family Health Care Center at SSTAR to expand MAT offering to more patients
- Family Health Care Center at SSTAR has provided technical assistance to Health First Family Care Center around implementing their new MAT program
- Expansion of MAT services to our satellite health center location
- With increased staffing level, we have been able to coordinate a faster connection to treatment for clients, now within one week of phone screening

How Are We Doing?

Disenrollments by Reason in FY 2016:

- Dropout: 68%
- Transferred: 19%
- Administrative Discharge: 10%

Time on buprenorphine- months



Staffing Considerations

- Teamwork is critical, everyone must support each other and surround the patients with well-coordinated care
- Monthly interdisciplinary team meeting helps to keep team members on the same page
- Phone screening and intake process must be clear and done in an organized fashion
- Need to have equitable caseloads that take into account administrative duties and special projects
- Clear process and point person for all state and federal grant required assessments/paperwork

Substance Abuse data collection and EHR system

- Family Health Care Center at SSTAR utilizes the Next Gen Electronic Health Record for primary care, behavioral health, and inpatient substance abuse services
- Ability to access progress notes across departments to coordinate care and serve “the whole person”
- Methadone is the only service not entered into Next Gen due to the complexity of connecting the dosing process, however all patients on methadone have an indicator in their chart
- Shared medication module, allowing for centralized medication management across departments
- Pharmacy information is contained in Next Gen, and prescriptions are generally sent electronically

Next Gen EHR Opportunities

- Custom Buprenorphine template created and maintained by in-house IT staff
- Structured data fields present great reporting opportunity
- Tasking within Next Gen provides an efficient communication method between team members
- Importance of standardized documentation practices that include utilizing structured data fields
- Use of Azara DRVS reporting software that connects to Next Gen, provides UDS and quality data reports, and allows us to benchmark ourselves against other FQHCs

Visit us at SSTAR.org
If questions: tcomeaux@sstar.org



MANY THANKS!

Genie Bailey, MD, Director of Research SSTAR
Colleen LaBelle RN, CARN, OBOT Coordinator Boston Medical Center
Nancy Paull, MA, CEO of SSTAR
Lorraine St. Pierre, RN, CARN, MAT Program Director SSTAR
Emily Eagle, Director of Quality Analytics, SSTAR

CIHS Resources

- **Centers for Disease Control and Prevention**
 - [Overdose Data](#)
 - [Guidelines for Prescribing Opioids for Chronic Pain](#)

- **Innovations in Addictions Treatment: Addiction Treatment Providers Working with Integrated Primary Care Services**
http://www.integration.samhsa.gov/clinicalpractice/13_May_CIHS_Innovations.pdf

- **The Medication Assisted Treatment Implementation Checklist**
http://www.integration.samhsa.gov/clinical-practice/mat/MAT_Implementation_Checklist_FINAL.pdf

Resources

- **PCSS MAT Waiver Training**

<http://pcssmat.org/education-training/mat-waiver-training/>

- **SBIRT clearinghouse**

<http://www.integration.samhsa.gov/clinical-practice/sbirt#why>

- **The Core Competencies for Integrated Behavioral Health and Primary Care**

http://www.integration.samhsa.gov/workforce/Integration_Competencies_Final.pdf

CIHS Tools and Resources

Visit www.integration.samhsa.gov or
e-mail integration@thenationalcouncil.org

The screenshot shows the homepage of the SAMHSA-HRSA Center for Integrated Health Solutions. At the top, there is a search bar with the text "Making Integrated Care Work" and a phone number "202.684.7457". Below this is the center's name, "SAMHSA-HRSA Center for Integrated Health Solutions", and a link to the "eSolutions newsletter". A navigation menu includes links for "About Us", "Integrated Care Models", "Workforce", "Financing", "Clinical Practice", "Operations & Administration", and "Health & Wellness". Below the menu are social media icons for Facebook, Twitter, and LinkedIn, along with links to "Ask a Question" and "Email".

The main content area features a large image of four healthcare professionals in a meeting. To the right of this image is a section titled "ABOUT CIHS" with the heading "SAMHSA-HRSA Center for Integrated Health Solutions". Below this heading is a paragraph describing the center's mission: "CIHS promotes the development of integrated primary and behavioral health services to better address the needs of individuals with mental health and substance use conditions, whether seen in behavioral health or primary care provider settings." A "LEARN MORE" button is located below the paragraph.

Below the "ABOUT CIHS" section is a "TOP RESOURCES" section. It features two articles. The first article, dated February 24, 2014, is titled "Integrating Physical and Behavioral Health Care: Promising Medicaid Models" and includes a thumbnail image of two people climbing ladders to reach the top of a tree. The second article, dated February 21, 2014, is titled "February Is American Heart Month!" and includes a thumbnail image of a hand holding a red heart. Below the articles is a "CALENDAR OF EVENTS" section with two events listed for February 2014: "Substance Use and Mental Disorders: Early Detection, Prevention, and Treatment" (February 26-28, 2014) and "Integrating Peer Support in Primary Care" (February 27-29, 2014).



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